

MARYLAND AFFORDABLE HOUSING TRUST

Application for Funding

7800 Harkins Road, Room 366

Lanham, Maryland 20706

MAHT ID NO.

Forty Second Funding Round –2018

Application Due on **August 31, 2018** in Two Copies (no binders please)

**PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON THE TRUST'S
WEB SITE BEFORE SUBMITTING APPLICATION.
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED,
APPLICATION MUST BE SIGNED)**

1. Applicant Identification – for capital projects, entity owning the property must be an applicant

TYPE: ____ Non-profit ____ For-profit ____ Public Housing Authority ____ Local government
____ Other (specify): _____

Applicant: _____

Address: _____

City: _____ State ____ Zip: _____

Phone _____ Email: _____

Executive Director: _____

Federal I.D. or Social Security Number: _____

Contact Person for Award Notification: _____

I, the _____ (title) of the organization, am authorized to sign for the applicant and certify that the information contained in this application is correct and accurate.

Signature _____ Date _____

2. Funding Request

MAHT amount requested: (a)\$ _____ Total project cost (b)\$ _____
(NOT TO EXCEED \$75,000)

ACTIVITY TYPE

| Capital | Non-Capital (MUST BE RELATED TO SPECIFIC PROJECT LISTED IN APPLICATION) |
|--|--|
| ____ New Construction ____ Rehabilitation | ____ Operating Expenses ____ Capacity Building |
| ____ Preservation ____ Acquisition | ____ Self-Sufficiency/Support Services |

Brief description of the project and the gap that MAHT funds will be filling (limit 250 words)

| |
|--|
| |
| |
| |

3. Project Identification

Project name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
State Legislative District Number: _____
Congressional District Number: _____

If multiple sites, provide addresses and legislative districts for site.

- Please attach a location map and site description (**ATTACH AS ATTACHMENT A**).

4. Housing Units

The project consists of _____ total housing units*,
of which _____ will be funded through MAHT.

Of the MAHT funded units

_____ will be affordable to households with incomes at or
below 30% of the area median income (AMI), and
_____ will be affordable to households with incomes
between 31% and 50% of AMI

Population to be served:

_____ Families with minor children
_____ Single Adults
_____ Other (list) _____

Number of years MAHT units will be committed to serving population above _____
(minimum 15 years)

FOR RENTAL PROJECTS ONLY, List monthly rents per unit by bedroom size

| | In the development | Funded by MAHT |
|-----------------------------|--------------------|----------------|
| 0 BR units | _____ | _____ |
| 1 BR units | _____ | _____ |
| 2 BR units | _____ | _____ |
| 3+ BR units | _____ | _____ |
| Single Room Occupancy units | _____ | _____ |

FOR HOMEOWNERSHIP PROJECTS ONLY, List sales price of homes

* For SRO, Emergency Shelters, etc, UNITS will be the number of beds funded.

5. Maryland Affordable Housing Trust Budget (MAHT dollars only)

MAHT FUNDS REQUESTED (COMPLETE SECTION 7 ALSO)

| | <u>AMOUNT</u> |
|-------------------------------------|---------------|
| Operating Assistance | \$ _____ |
| Capacity building | _____ |
| Self-sufficiency / Support services | _____ |
| Pre-Development | _____ |
| Acquisition | _____ |
| New Construction | _____ |
| Rehabilitation | _____ |
| Other (list): _____ | _____ |
| _____ | _____ |

TOTAL MAHT FUNDS REQUESTED

(a) \$ _____

(must match total MAHT amount requested in 2(a))

6. Total project development funding

| NON-MAHT FUNDS | SOURCE | *COMMITTED | *APPLIED FOR |
|---------------------------------------|-----------------------------|-------------|--------------|
| Other Maryland DHCD funding | | | |
| | ___ Rental Housing | \$ _____ | \$ _____ |
| | ___ LIHTC | _____ | _____ |
| | ___ Transitional | _____ | _____ |
| | ___ Group Home | _____ | _____ |
| | (Specify agency or program) | | |
| Other State govt. funds | _____ | \$ _____ | \$ _____ |
| Federal govt. funds | _____ | _____ | _____ |
| Local govt. funds and other subsidies | _____ | _____ | _____ |
| Private grants | _____ | _____ | _____ |
| Private loans | _____ | _____ | _____ |
| Applicant's funds | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |
| TOTALS | | (a)\$ _____ | (b)\$ _____ |

TOTAL Non-MAHT COMMITTED AND APPLIED FOR (a) + (b) above _____

TOTAL MAHT FUNDS REQUESTED from 5(a) or 2(a) + _____

TOTAL PROJECT FUNDING FROM ALL SOURCES \$ _____
(TOTAL PROJECT COST in 2(b) MUST MATCH TOTAL PROJECT FUNDING ABOVE)

- Please attach documentation verifying non-MAHT funds including the interest rate, repayment period and other terms governing these funds (**Attach as Attachment B**)

7. USE OF FUNDS

FOR SECTION 7, APPLICANTS ONLY NEED TO COMPLETE THE SUB-SECTION or SECTIONS FOR WHICH FUNDING IS BEING REQUESTED

(i.e., Operating Assistance, Capacity Building, Self-Sufficiency/Support Services, Predevelopment, or Capital)

7A. Operating Assistance request for one (1) year

| Operating Assistance for one (1) year | MAHT FUNDS | OTHER FUNDS | TOTAL COST |
|--|------------|-------------|------------|
| Advertising and Marketing | _____ | _____ | _____ |
| Management Fee | _____ | _____ | _____ |
| Office Supplies | _____ | _____ | _____ |
| Office Salaries | _____ | _____ | _____ |
| Legal Expenses (project only) | _____ | _____ | _____ |
| Auditing Expenses (project only) | _____ | _____ | _____ |
| Permits, Licenses and Misc. Taxes | _____ | _____ | _____ |
| Telephone and Answering Services | _____ | _____ | _____ |
| Accounting Services and Fees | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| ADMINISTRATIVE TOTAL (from categories above) | \$ _____ | \$ _____ | \$ _____ |
| Exterminating | _____ | _____ | _____ |

| | | | |
|---|----------|----------|----------|
| Heating & Air Conditioning Maintenance | _____ | _____ | _____ |
| Garbage and Trash Removal | _____ | _____ | _____ |
| Painting | _____ | _____ | _____ |
| Electrical Repairs & Supplies | _____ | _____ | _____ |
| Plumbing Repairs & Supplies | _____ | _____ | _____ |
| Roof Repairs | _____ | _____ | _____ |
| Grounds Maintenance | | | |
| Contract and Supplies | _____ | _____ | _____ |
| Janitorial Supplies | _____ | _____ | _____ |
| Costs associated with lead-paint reduction or maintenance | _____ | _____ | _____ |
| Misc. Operating and Maintenance Expenses (please specify) | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| MAINTENANCE TOTALS (from categories above) | \$ _____ | \$ _____ | \$ _____ |
| UTILITIES PAID BY OWNER | _____ | _____ | _____ |
| REAL ESTATE TAXES | _____ | _____ | _____ |
| GROUND RENT | _____ | _____ | _____ |
| RESERVE FOR REPLACEMENT | _____ | _____ | _____ |
| OTHER (list) _____ | _____ | _____ | _____ |
| TOTAL | \$ _____ | \$ _____ | \$ _____ |

7B. Capacity Building Request

Capacity Building (MAHT funding must be related to the specific housing project named in this application)

| Purpose/use of Funds: | MAHT FUNDS | OTHER FUNDS | TOTAL FUNDS |
|-----------------------|------------|-------------|-------------|
| | | | |
| | | | |
| Total | | | |

7C. Self-sufficiency / Support services request for one (1) year

Check all that apply and enter funding amounts anticipated for salaries and other fees related to providing the services to residents in the specific housing project named in this application:

| | MAHT FUNDS | OTHER FUNDS | TOTAL COST |
|-----------------------------|------------|-------------|------------|
| _____ Job skills training | \$ _____ | \$ _____ | \$ _____ |
| _____ Job search assistance | _____ | _____ | _____ |
| _____ Educational courses | _____ | _____ | _____ |
| _____ Budget counseling | _____ | _____ | _____ |
| _____ Substance abuse aid | _____ | _____ | _____ |
| _____ Mental health care | _____ | _____ | _____ |
| _____ Other health care | _____ | _____ | _____ |
| _____ Child care | _____ | _____ | _____ |

____ Other project-specific costs:

TOTAL _____ \$ _____ \$ _____ \$ _____

The funding requested is for a _____



Please provide the breakdown of the positions by file, hourly pay for the parties involved, and their qualification and/or certifications.

| Position | Hourly Pay | Qualification and/or Certifications |
|----------|------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

7D. Predevelopment request (list \$ amount requested for each category below)

Predevelopment awards are usually made as zero interest, deferred loans which are expected to be repaid when permanent financing is acquired for the project.

| | |
|-------------------------------|--|
| Architect Fee | |
| Design | |
| Supervision | |
| Legal Fees | |
| Packaging/Processing | |
| Marketing | |
| Surveys and Soil Borings | |
| Appraisal | |
| Environmental Study | |
| Market Study | |
| Other (list) _____ | |
| Total for this section | |

7E. Capital requests (Acquisition, New Construction or Rehabilitation)

Capital requests complete Sections 8 and 9 also.

| | |
|---------------------------|--|
| Residential structures | |
| Nonresidential structures | |
| On Site improvements | |
| Off Site improvements | |
| General requirements | |
| Contractor Fees | |
| *Developer's Fee | |

| | |
|--------------------------|--|
| Architect Fee | |
| Design | |
| Supervision | |
| Legal Fees | |
| Packaging/Processing | |
| Marketing | |
| Surveys and Soil Borings | |

| | | |
|--|--|---------------|
| Appraisal | | |
| Environmental Study | | |
| Market Study | | |
| | | |
| Total For this section | | |
| | | |
| General requirements: | | % of Subtotal |
| Builder's General Overhead: | | % of Subtotal |
| Builder's Profit: | | % of Subtotal |
| | | |
| PROJECT COST PER UNIT _____ | | |
| *The amount and use of developer's fee will be relevant to the evaluation of the application | | |

ALL APPLICANTS MUST COMPLETE SECTIONS 8 through 13

| 8. Project Readiness and Site Information | | |
|--|-------|-----------------|
| Identify form of site control: _____ | | |
| If no site control, please explain: _____ | | |
| Is site properly zoned for your development? _____ | | |
| Attach evidence that the site is properly zoned for the proposed use or if a variance or exception is required, evidence that a request has been filed and a hearing date has been scheduled. | | |
| Will you own the property directly _____ | | |
| If property is to be owned by related entity, please provide name of entity and specify relationship (e.g., subsidiary corporation or partnership of which applicant is general partner) (name of entity and relationship)_____ | | |
| PLEASE NOTE: ENTITY OWNING PROPERTY MUST ALSO BE AN APPLICANT | | |
| Are there liens or other encumbrances on the property that must be cleared by allocating funds to them? _____ If YES, what are they? _____ | | |
| <u>Have you obtained:</u> | | IF NO, WHEN? |
| Blueprints ¹ | _____ | _____ |
| Zoning changes | _____ | _____ |
| Building permits | _____ | _____ |
| Utility hookups | _____ | _____ |
| Environmental report | _____ | _____ |
| Commitments from service providers | _____ | _____ |
| ¹ Also attach copies of unit floor plans | | |

Is the construction company bonded? _____

Will the project require any displacement of current occupants? _____

If yes, will you compensate or relocate those who are displaced? _____

Describe your proposed plan for relocation assistance:

Please attach copies of supporting documents – evidence of zoning, deeds, permits, leases, options, sales agreements, etc. Projects requesting assistance for homeownership (rehab or acquisition) must include a current Home Inspection Report (**Attach as Attachment C**)

9. Work schedule: Use anticipated or actual calendar dates. Be sure to include dates of initial closing, construction start and substantial completion.

| Activity | Anticipated completion date |
|---------------------------------|-----------------------------|
| Financial Commitment | |
| for funding sources | |
| Initial closing date | |
| Location survey complete | |
| Preliminary site plan complete | |
| Design, development and pricing | |
| Site plan approval | |
| Construction and bid documents | |
| Engineering plan approval | |
| Final pricing | |
| Building permit | |
| Construction contract | |
| Start construction | |
| Substantial completion | |
| Final completion | |

10. Need for MAHT funding (limit of 250 words): Describe the specific need for MAHT funds for the proposed housing project, e.g. why is there a funding gap? Please describe the need for the total project and the existing housing and economic conditions for the project. Explain how the number and type of units to be provided will address the need.

ATTACH: corroborating information, such as: budget and financing information indicating gap in funding, appraisal, market study, waiting list, etc. (ATTACH AS ATTACHMENT D).

11. Site (limit of 250 words): Describe area in which the site is located, including types and condition of housing in the area; availability of public transportation; location of schools, shopping and employment centers, information on crime and other information relevant to the site.

12. Community involvement (limit of 250 words): Explain how long and in what manner the applicant has served the community in which the project will be located. Also describe any support the proposed project has received from local political officials, community groups, potential project residents and residents who live near project site.

ATTACH: - copies of any evidence of local support for the project (ATTACH AS ATTACHMENT E).

13. Applicant ability: 1.) Describe the objective, management structure and staffing of your organization, 2.) Explain your organization's experience and ability to implement and manage low-income housing, 3.) Summarize your prior experience in providing self-sufficiency services for the target population. If a third party will be involved in management or service provision, describe its role.

ATTACH: - financial statements (ATTACH AS ATTACHMENT F)

- organizational documents or partnership agreement (ATTACH AS ATTACHMENT G)

14. Green Building and Sustainable Housing (limit of 250 words)

Describe how this project addresses green building technologies and how your organization encourages sustainable development. Use criteria from Earthcraft, the National Association of Homebuilders Model Green Home Building Guidelines, U.S. Green Building Council (LEED) criteria or criteria from Green Communities Initiative of Enterprise Community Partners when submitting a response to this section.

ATTACH: Documentation will include checklists using criteria from any of the entities above (Attach as Attachment H)

15. Legal Documents

The following forms must be completed and attached to all applications:

- **Incumbency Certificate ***
- **Corporate Resolution ***
- **MAHT Assurance of Compliance***
- **Contract Affidavit***
- **Access To Public Records Act Notice And Waiver***

* Instructions and documents are located in file labeled "Round 40 Legal Documents and Instructions" on MAHT's web site.

NOTE: A **Certificate of Good Standing** will only be required if this application receives funding (see Program Guidelines on web site)

(ATTACH LEGAL DOCUMENTS AS ATTACHMENT I)

MAHT Application For Funding Checklist

Check all items that you have included with this application:

Note: If a subsidiary is an applicant include a second checklist and all applicable attachments relating to the subsidiary. **If a subsidiary will own the property, they must be included as an applicant.**

- _____ **Attachment A:** location map/site description
- _____ **Attachment B:** documentation of loan terms
- _____ **Attachment C:** deeds, permits, sales agreement, etc., Home Inspection Reports (now required for homeownership rehab or acquisition)
- _____ **Attachment D:** appraisal, market study, housing waiting list, etc.
- _____ **Attachment E:** evidence of local support for the project
- _____ **Attachment F:** financial statements
- _____ **Attachment G:** organizational documents (**must** be submitted) **
 - _____ Bylaws
 - _____ Articles of Incorporation
- _____ **Attachment H:** Green Building and Sustainable Housing Communities Criteria
 - _____ First optional checklist selected by applicant
 - _____ Second optional checklist selected by applicant (if necessary)
- _____ **Attachment I:** legal documents
 - _____ Board resolution authorizing the application*
 - _____ Contract Affidavit*
 - _____ Incumbency Certificate*
 - _____ MAHT Assurance of Compliance*
 - _____ Access To Public Records Act Notice and Waiver*

* These forms are in a file labeled "Round 40 Legal Documents and Instructions" and can be downloaded from MAHT's web site

** A copy of the organization's By-laws and Articles of Incorporation are required to be submitted with each application.